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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)	<u></u>		
Case number (if known)	Chapter you are filing under:		
	✓ Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is an
	Chapter 13		amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Melissa	
1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	First name	First name
Write the name that is on your government-issued	М	
picture identification (for	Middle name	Middle name
example, your driver's	Schaaf	
license or passport	Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last	First name	First name
8 years		
Include your married or	Middle name	Middle name
maiden names.		
	Last name	Last name
	Francisco	Francis
	First name	First name
	Middle name	Middle name
	iviliquie name	Middle Harie
	Last name	Last name
3. Only the last 4 digits of your Social	XXX - XX- 8347	xxx - xx-
Security number or	OR	OR
federal İndividual Taxpayer		
Identification number	9 xx - xx-	9 xx - xx-
(ITIN)		

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Debtor 1 Melissa First Name	M Schaaf Middle Name Last Name	Case number (if known)
T HOLITAINO	and that to be a second of the	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) you have used in the last	Business name	Business name
8 years	Business name	Business name
Include trade names and doing business as names	EIN	EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	17w702 Butterfield Rd Apt 218 Bldg 1 Number Street	Number Street
	Oakbrook Ter Illinois 60181 City State Zip Code	City State Zip Code
	Du Page	County
	County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	-	
	City State Zip Code	City State Zip Code
6. Why you are choosing this district	Check one:	Check one:
to file for bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
		-
		-

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De	ebtor 1 Melissa	M	Schaaf	_ Case number (if kn	own)
	First Name	Middle Name	Last Name		
Pa	art 2: Tell the Court Abo	ut Your Bankruptcy Ca	ase		
7.	The chapter of the Bankruptcy Code you are choosing to file under		description of each, see <i>Notice Re</i> D)). Also, go to the top of page 1 a		C. § 342(b) for Individuals Filing for opriate box.
8.	How you will pay the fee	more details about cashier's check, or may pay with a cred I need to pay the feal Individuals to Pay 1 I request that my feal in the official poverty you choose this options.	how you may pay. Typically, if money order. If your attorney i dit card or check with a pre-priese in installments. If you chood your Filing Fee in Installments ee be waived (You may reque to trequired to, waive your fee, line that applies to your family	you are paying the submitting your nted address. see this option, signormal form 103 st this option only and may do so on size and you are	the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney on and attach the <i>Application for</i> BA). If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
9.	Have you filed for bankruptcy within the last 8 years?	V No. Yes. District District District	Who	MM / DD / YYYY en MM / DD / YYYY	Case number Case number Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	✓ No. Yes. Debtor District Debtor District	<u>W</u> h	MM / DD / YYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11.	Do you rent your residence?	✓ No. Go to			st You (Form 101A) and file it with

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Debtor 1 Melissa Schaaf M Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Melissa М Schaaf Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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Schaaf Debtor 1 Melissa M Case number (if known) First Name Middle Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1-49** 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$10,000,000,001-\$50 billion to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Melissa Schaaf Signature of Debtor 1 Signature of Debtor 2 Executed on __6/20/2018 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Melissa	М	Schaaf	Case number (if k	rnown)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 1	2, or 13 of title 11, United	ave informed the debtor(s) about I States Code, and have explained the so certify that I have delivered to the
If you are not	debtor(s) the notice requ	uired by 11 U.S.C. §	342(b) and, in a case in w	hich § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge after	r an inquiry that the	information in the schedu	ules filed with the petition is incorrect.
attorney, you do not				·
need to file this page.	/s/ Yisroel Y Mosko	vits	Date	6/20/2018
	Signature of Attorney	for Debtor	M	M / DD / YYYY
	Yisroel Y Moskovits			
	Printed name			
	Semrad Law Firm			
	Firm name			
	10 N. Martingale Roa	d		
	Street	<u>u</u>		
	Suite 400			
	Schaumburg		Illinois	60173
	City		State	Zip Code
	Contact phone	3122543191	Email address	imoskovits@semradlaw.com
			_	
			Illinois	
	Bar number		State	

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Melissa	M	Schaaf
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	# 0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$9,002.00
1c. Copy line 63, Total of all property on Schedule A/B	\$9,002.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Ф0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$75,259.58
Your total liabilities	\$75,259.58
Part 3: Summarize Your Income and Expenses	
4. Sahadula I. Vaur Incoma (Official Form 1061)	
4. <i>Schedule I: Your Income</i> (Official Form 106I)	\$1,338.33 —————————————————————————————————
Copy your combined monthly income from line 12 of Schedule I	
·	\$1,342.00

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Deb	tor 1 Melissa	M	Schaaf	Case number (if known)	
Part 4	First Name Answer These	Middle Name Questions for Administrat	Last Name	de	
rait	Allswei Tilese	Questions for Administrati	ilve and Staustical Necon	us	
6. A	re you filing for bankrı	uptcy under Chapters 7, 11, o	r 13?		
	No. You have nothin	ng to report on this part of the fo	orm. Check this box and submit	t this form to the court with your other sch	redules.
Ŀ	Yes.				
7 14		have?			
7. W	hat kind of debt do yo —				
Ŀ		marily consumer debts. Consu I purpose. 11 U.S.C. § 101(8). I		y an individual primarily for a personal, purposes. 28 U.S.C. § 159.	
г	☐ Your debts are not	primarily consumer debts. Yo	ou have nothing to report on th	is part of the form. Check this box and su	bmit
		rt with your other schedules.		<u> </u>	
8 F	From the Statement of	f Your Current Monthly Incom	e: Copy your total current mon	thly income from Official	\$1,992.69
		OR, Form 122B Line 11; OR, Fo		thy moone non omola	ψ1,992.09 ————————————————————————————————————
_	One the falls for a		B. d. A. P O CO. b. d. b.	F/F	
9.	Copy the following sp	pecial categories of claims fro	om Part 4, line 6 of Schedule	E/F:	
	From Part 4 on Scheo	dule E/F, copy the following:		Total claim	
	9a Domostic support	obligations (Copy line 6a.)		\$0.00	
	a. Domestic support	obligations (oopy line oa.)		фо. оо	
	9b. Taxes and certain of	other debts you owe the govern	ment. (Copy line 6b.)	\$0.00	
	9c. Claims for death or	personal injury while you were	intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Co	py line 6f.)		\$0.00	
	•	,		\$0.00	
	priority claims. (Copy li	out of a separation agreement on 6g.)	or divorce that you did not repor		
	Of Dahla Is assail	and Challes to a selection of the Challes	and a line of a late of the control	\$0.00	
	91. Debts to pension of	r profit-sharing plans, and other	similar debts. (Copy line 6h.)		

\$0.00

9g. **Total.** Add lines 9a through 9f.

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Fill in this	information to identify your	case:			
Debtor 1	Melissa	М	Schaaf		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if f	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the	e: Northern	District of Illinois		
Case nun	nber		(State)		
	al Form 106A/B				Check if this is an
	dule A/B: Prop	ortv			amended filing
In each ca category responsib	ategory, separately list and where you think it fits best le for supplying correct inf	I describe items. List an as . Be as complete and accu ormation. If more space is	sset only once. If an asset fits in more urate as possible. If two married people needed, attach a separate sheet to the	e are filing together, both a	asset in the are equally
	r name and case number (i Describe Each Reside		estion. Other Real Estate You Own or Ha	ve an Interest In	
			esidence, building, land, or similar pro		
✓	No. Go to Part 2				
	Yes. Where is the property?				
			is the property? Check all that apply.		claims or exemptions. Put ured claims on Schedule D:
1.1	Street address, if available, or	or other description	ngle-family home		aims Secured by Property.
		<u> </u>	uplex or multi-unit building ondominium or cooperative	Current value of the	Current value of the
		<u> </u>	anufactured or mobile home	entire property?	portion you own?
		La	and		
	Number Street	In In	vestment property	Describe the nature of interest (such as fee s	
	City State		meshare ther	the entireties, or a life	
	ŕ	Who h	nas an interest in the property? Check	Check if this is co	ommunity property
			ebtor 1 only	Ш	
			ebtor 2 only		
		De	ebtor 1 and Debtor 2 only		
		At	least one of the debtors and another		
			information you wish to add about thi rty identification number:	s item, such as local	
If you	own or have more than one		rt, identification names.		
		What	is the property? Check all that apply.		claims or exemptions. Put
1.2	Street address, if available, of	or other description	ngle-family home		ured claims on <i>Schedule D:</i> aims Secured by Property.
		<u> </u>	uplex or multi-unit building	Current value of the	Current value of the
		<u> </u>	ondominium or cooperative anufactured or mobile home	entire property?	portion you own?
		<u> </u>	and		
	Number Street	<u> </u>	vestment property	Describe the nature of	
	0::		meshare	interest (such as fee s the entireties, or a life	
	City State	Zip Code	ther		
		Who h	nas an interest in the property? Check	Check if this is co (see instructions)	ommunity property
		De	ebtor 1 only	Ц	
		☐ De	ebtor 2 only		
		<u> </u>	ebtor 1 and Debtor 2 only		
		At	least one of the debtors and another		
			information you wish to add about thi rty identification number:	s item, such as local	

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Debtor 1	Melissa First Name	M Middle Name	Schaaf Last Name	_ Case numbe	er (if known)	
1.3	et address, if available, or other		What is the property? Check all that an Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	oply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. Current value of the portion you own?
Nun	nber Street State Z	ip Code	Land Investment property Timeshare Other	_	Describe the nature of interest (such as fee s the entireties, or a life	imple, tenancy by
]]]]	Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anotology.	ther	Check if this is co (see instructions)	mmunity property
	the dollar value of the portion versities attached for Part 1. Write	on you own for a that number he	.	ling any entrie	s for pages	
Do you ow you own the	hat someone else drives. If you ns, trucks, tractors, sport utility	lease a vehicle, a	in any vehicles, whether they are realso report it on Schedule G: Executory cycles	-	-	
✓ Yes 3.1			Who has an interest in the proper one.	erty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D:
	Approximate mileage: Other information: 2005 Mazda 3		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community p		Current value of the entire property? \$1330.00	Current value of the portion you own? \$1330.00
3.2	Make Model: Year: Approximate mileage:		instructions) Who has an interest in the proper one. Debtor 1 only Debtor 2 only	erty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. Current value of the
	Other information:		Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community p instructions)		entire property?	portion you own?

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tor i	Melissa	M	Schaaf	Case number	er (if known)	
	First Name	Middle Name	Last Name			
3.3	Make		Who has an interest in the p	roperty? Check	Do not deduct secured	· · · · · · · · · · · · · · · · · · ·
	Model:		one.		the amount of any secu	
	Year:		Debtor 1 only		Creditors Who Have Cla	airis Securea by Propen
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 onl	у	entire property?	portion you own?
			At least one of the debtors	and another		
			Check if this is commun	itv nronertv (see		
			instructions)	ity proporty (see		
3.4	Make		Who has an interest in the p	roperty? Check	Do not deduct secured	claims or exemptions. I
	Model:		one.		the amount of any secu	
	Year:		Debtor 1 only		Creditors Who Have Cla	aims Secured by Proper
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 onl	у	entire property?	portion you own?
			At least one of the debtors	and another		-
			Check if this is commun	ity property (see		
Exar	mples: Boats, trailers, motor No		instructions) her recreational vehicles, other aft, fishing vessels, snowmobiles, markets, fishing vessels, snowmobiles, snowmo			
Exar	nples: Boats, trailers, motor No Yes Make		instructions) her recreational vehicles, other aft, fishing vessels, snowmobiles, make the first three process of the process	notorcycle accessori	Do not deduct secured	
Exar	nples: Boats, trailers, motor No Yes Make Model:		instructions) her recreational vehicles, other aft, fishing vessels, snowmobiles, make the properties of the properties one.	notorcycle accessori	Do not deduct secured the amount of any secu	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motor No Yes Make Model: Year:		instructions) her recreational vehicles, other aft, fishing vessels, snowmobiles, make the first three process of the process	notorcycle accessori	Do not deduct secured	red claims on <i>Schedule</i>
Exar	nples: Boats, trailers, motor No Yes Make Model:		instructions) her recreational vehicles, other aft, fishing vessels, snowmobiles, make the properties of the properties one.	notorcycle accessori	Do not deduct secured the amount of any secu Creditors Who Have Cla	rred claims on Schedule ims Secured by Proper Current value of the
Exar	nples: Boats, trailers, motor No Yes Make Model: Year:		instructions) her recreational vehicles, other aft, fishing vessels, snowmobiles, m Who has an interest in the pone. Debtor 1 only	notorcycle accessori	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on <i>Schedule</i> ims Secured by Propen
Exar	nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage:		who has an interest in the pone. Debtor 2 only Debtor 2 only	notorcycle accessori	Do not deduct secured the amount of any secu Creditors Who Have Cla	rred claims on Schedule ims Secured by Proper Current value of the
Exar	nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage:		who has an interest in the pone. Debtor 1 only Debtor 1 and Debtor 2 only	roperty? Check y and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	rred claims on Schedule ims Secured by Proper Current value of the
4.1	nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage:		who has an interest in the pone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is commun	roperty? Check y and another ity property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule ims Secured by Propen Current value of the portion you own?
4.1	nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: Other information:		who has an interest in the pone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communinstructions)	roperty? Check y and another ity property (see	Do not deduct secured the amount of any secu Creditors Who Have Clas Current value of the entire property? Do not deduct secured the amount of any secu	claims on Schedule ims Secured by Propention you own?
4.1	mples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year:		who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is communinstructions) Who has an interest in the p	roperty? Check y and another ity property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured	claims on Schedule ims Secured by Propention you own?
4.1	mples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: Other information: Make Model:		who has an interest in the pone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communinstructions) Who has an interest in the pone.	roperty? Check y and another ity property (see	Do not deduct secured the amount of any secu Creditors Who Have Clas Current value of the entire property? Do not deduct secured the amount of any secu	claims on Schedule ims Secured by Propention you own?
4.1	mples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year:		who has an interest in the pone. Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is communinstructions) Who has an interest in the pone. Debtor 1 and Debtor 2 onl Debtor 2 only Debtor 3 and Debtor 4 onl At least one of the debtors Debtor 5 onl Check if this is communinstructions)	roperty? Check y and another ity property (see	Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Control of the Secured the Amount of Secured Creditors Who Have Classian Creditors Control of Secured the Secured Creditors Who Have Classian Creditors Creditors Control of Secured Creditors Cr	claims on Schedule continued the portion you own? claims or exemptions. I
4.1	mples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage:		who has an interest in the pone. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is commun instructions) Who has an interest in the pone. Debtor 1 and Debtor 2 onl Debtor 2 only	roperty? Check y and another ity property (see	Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the	claims or schedule of the portion you own? claims or exemptions. I ared claims on Schedule of the portion you own? claims or exemptions. I ared claims on Schedule of the current value of the
4.1	mples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage:		who has an interest in the pone. Check if this is commun instructions) Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Check if this is commun instructions) Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only	roperty? Check y and another ity property? Check roperty? Check y and another	Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the	claims or schedule of the portion you own? claims or exemptions. I ared claims on Schedule of the portion you own? claims or exemptions. I ared claims on Schedule of the current value of the

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Debtor 1 Melissa Schaaf Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... couch, bed, dresser, lamp \$200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... cell phone \$400.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... used clothing \$3000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3600.00 for Part 3. Write that number here

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Debtor 1 Melissa Schaaf Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$60.00 17.1. Checking account: Chase Bank 17.2. Checking account: 17.3. Savings account: Chase Bank \$12.00 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ✓ Yes \$4000.00 ATT stock 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Deb	tor 1 Melissa First Name	M Middle Name	Schaaf Last Name	Case number (if known)	
20.	Negotiable instruments Non-negotiable instrum No	orate bonds and other negotiab include personal checks, cashiers' ents are those you cannot transfer	checks, promissory no	tes, and money orders.	
	Yes. Give specific information about them	Issuer name:			
21.	_		thrift savings accounts	, or other pension or profit-sharing plans	
	✓ No Yes. List each	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:	-		
	sopulatory.	Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.		prepayments I deposits you have made so that with landlords, prepaid rent, public			
	✓ No		Institution name:		
	Yes	Electric:			;
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:	-		
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	Annuities (A contract fo	or a periodic payment of money to	you, either for life or for	a number of years)	
	✓ No Yes	Issuer name and description:			

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Debto	or 1 Melissa	M	Schaaf	Case number (if known)	
24.			Last Name a qualified ABLE program, or unde	er a qualified state tuition program.	
		(1), 529A(b), and 529(b)(1).			
	Yes	tion name and description. Se	eparately file the records of any interes	sts.11 U.S.C. § 521(c):	
25.	Trusts, equitable or exercisable for your		(other than anything listed in line	1), and rights or powers	
	✓ No Yes. Describe				
26.			s, and other intellectual property eeds from royalties and licensing agre	ements	
	No No	main names, weselves, proces	ode nom regulace and lectroling agree	omonio	
	Yes. Describe				
0.7	Lianna franchia		ilala a		
27.		s, and other general intangi ermits, exclusive licenses, coo	perative association holdings, liquor	licenses, professional licenses	
	✓ No ✓ Yes. Describe				
	Tes. Describe				
Mon	ey or property ow	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	ey or property ow Tax refunds owed to				portion you own? Do not deduct secured
	Tax refunds owed to ✓ No	you		Federal:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to ✓ No — Yes. Give specific about them,	you information including whether		Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to No Yes. Give specific about them, you already	you		Federal: State: Local:	portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to No Yes. Give specific about them, you already and the tax y	information including whether filed the returns years	support, child support, maintenance,	State:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to No Yes. Give specific about them, you already and the tax y	information including whether filed the returns years	support, child support, maintenance,	State: Local: divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to No Yes. Give specific about them, you already and the tax you specific and the tax you specific about them.	you information , including whether filed the returns years	support, child support, maintenance,	State: Local: divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds owed to No Yes. Give specific about them, you already and the tax you specific about them. You already and the tax you specific about them. You already and the tax you specific about them. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already and the tax you already. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already and the tax you already. You already and the tax you already are tax you already and the tax you already are tax you already and the tax you already and	you information , including whether filed the returns years	support, child support, maintenance,	State: Local: divorce settlement, property settlemen Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00
28.	Tax refunds owed to No Yes. Give specific about them, you already and the tax you specific about them. You already and the tax you specific about them. You already and the tax you specific about them. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already and the tax you already. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already and the tax you already. You already and the tax you already are tax you already and the tax you already are tax you already and the tax you already and	you information , including whether filed the returns years	support, child support, maintenance,	State: Local: divorce settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to No Yes. Give specific about them, you already and the tax you specific about them. You already and the tax you specific about them. You already and the tax you specific about them. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already and the tax you already. You already and the tax you already and the tax you already. You already and the tax you already and the tax you already and the tax you already. You already and the tax you already are tax you already and the tax you already are tax you already and the tax you already and	you information , including whether filed the returns years	support, child support, maintenance,	State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to No Yes. Give specific about them, you already and the tax you should be a second or the second of the secon	you information , including whether filed the returns years		State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to ✓ No Yes. Give specific about them, you already and the tax you already and the tax you have a second or the samples: Past due or the samples: Past due or the samples: Other amounts some Examples: Unpaid wag	you information , including whether filed the returns years	ents, disability benefits, sick pay, vac	State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds owed to ✓ No Yes. Give specific about them, you already and the tax you have a second or least own of the second	you information , including whether filed the returns years r lump sum alimony, spousal so information	ents, disability benefits, sick pay, vac	State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds owed to ✓ No Yes. Give specific about them, you already and the tax you have a second or least own	you information , including whether filed the returns years r lump sum alimony, spousal so information	ents, disability benefits, sick pay, vac	State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Melissa	M	Schaaf	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance Examples: Health, disabi		n savings account (HSA); credit, h	omeowner's, or renter's insurance	
	Yes. Name the insur of each policy and li	rance company	Company name:	Beneficiary:	Surrender or refund value:
32	Any interest in proper	ty that is due you from s	omeone who has died		
02.		of a living trust, expect pr		y, or are currently entitled to receive	
	✓ No Yes. Describe				
33.			u have filed a lawsuit or made ance claims, or rights to sue	a demand for payment	
	No Yes. Describe				
34.	Other contingent and to set off claims	unliquidated claims of e	very nature, including counterc	laims of the debtor and rights	
	No Yes. Describe				
35.	Any financial assets yo	ou did not already list			
	Yes. Describe				
36.		•	Part 4, including any entries fo		\$4072.00
Part		_	_	nterest In. List any real estate in Part	l.
37.	Do you own or have an	ny legal or equitable inte	rest in any business-related pro		www.mt.vol.vo.af.tha
	No. Go to Part 6. Yes. Go to line 38.			po Do	rrent value of the ortion you own? o not deduct secured claims
38.	Accounts receivable o	r commissions you alrea	dy earned	or	exemptions
	No Yes. Describe				
39.	Office equipment, furn Examples: Business-rela		modems, printers, copiers, fax ma	achines, rugs, telephones, desks, chairs, electro	onic devices
	No Yes. Describe				

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Deb	tor 1 Melissa	М	Schaaf	Case number (if known)	
ı	First Name	Middle Name	Last Name		
40.	Machinery, fixtures, e	equipment, supplies you us	e in business, and tools of yo	our trade	
	✓ No				
	Yes. Describe				
41.	Inventory				
	✓ No				
	Yes. Describe				
		<u></u>			
42.	Interests in partnersh	nips or joint ventures			
	✓ No				
		Na	ame of entity:	% of ownership:	
	Yes. Give specific information about				
	them	_			· ———
		_			<u> </u>
43 (Customer lists mailing	up lists, or other compilation	s	-	
70.		j iists, or other complication	•		
	✓ No				
	Yes. Do your lists	include personally identifiable	information (as defined in 11 l	J.S.C. § 101(41A))?	
	☐ No				
		oribo			
	Tes. Desc	cribe			
44.	Any business-related	property you did not alread	dv list		
		property you are not allow	.,		
	✓ No	_			
	Yes. Give specific				
	information	_			
		_			<u> </u>
		_			_
		_			
		_			
45 A	dd the dollar value of	all of your entries from Part	5, including any entries for	nages you have attached	
<u> </u>					
Part	_{16:} Describe Any F	arm- and Commercial I	Fishing-Related Property	You Own or Have an Interest In.	
	If you own or have a	n interest in farmland, list it in P	art 1.		
46.	Do you own or have a	any legal or equitable inter	est in any farm- or commerc	ial fishing-related property?	
	No. Go to Part 7.				Current value of the
	Yes. Go to line 47				portion you own? Do not deduct secured claims
	163. 40 to line 47	•			or exemptions
47	Farm animals				
''.	Examples: Livestock, p	oultry, farm-raised fish			
	No No December				
	Yes. Describe				

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Debt	or 1	Melissa First Name		chaaf ast Name	Case number (if known)	
48.	Cro	ps-either growing o	or harvested			
	✓	No				
		Yes. Describe				
		L				
49.	Far		ment, implements, machinery, fixture	es, and tools of trade		
		No Yes. Describe				
	Ш	res. Bescribe				
50.	Far	m and fishing suppl	ies, chemicals, and feed			
	V	No				
		Yes. Describe				
51.	Any	farm- and commer	cial fishing-related property you did r	not already list		
	V	No Van Danariba				
	Ш	Yes. Describe				
					Γ	
			l of your entries from Part 6, including here			
•					L	
Part 7	7:	Describe All Prop	perty You Own or Have an Intere	st in That You Did No	t List Above	
53.			erty of any kind you did not already li	st?		
	✓	No	, country olds monisoromp			
		Yes. Give specific				
		information				
54. A	dd tl	ne dollar value of all	of your entries from Part 7. Write that	at number here		<u> </u>
Part 8	8:	List the Totals of	Each Part of this Form			
55 5	Part	1: Total real estate	, line 2		•	
33.1	art	i. Total real estate,	, IIIIG 2			
56. p	art	2 total vehicles, line	e 5	\$1330.00		
57. P	art 3	3: Total personal an	d household items, line 15	\$3600.00		
58. P	art 4	l: Total financial as	sets, line 36	\$4072.00		
59. F	Part	5: Total business-re	elated property, line 45			
60. F	Part	6: Total farm- and fi	ishing-related property, line 52			
61. F	Part	7: Total other prope	erty not listed, line 54			
62. 1	Total	personal property.	Add lines 56 through 61	\$9002.00	Copy personal property total	+ \$9002.00
					Sopy poloonial property total P	фосос ос
63. T	otal	of all property on So	chedule A/B. Add line 55 + line 62			\$9002.00

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Fill in this information to identify your case:						
Debtor 1	Melissa	М	Schaaf			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)			
Case number (If known)			(Outo)			

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Par	t 1: Identify the Property You Clain	n as Exempt		
1.	Which set of exemptions are you claimi You are claiming state and federal re-	•	, ,	
		. , .		
	You are claiming federal exemption	is. 11 U.S.C. § 522(b)(2	2)	
2.	For any property you list on Schedule A	/B that you claim as e	xempt, fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
	Brief			735 ILCS 5/12-1001(b)
	description:	\$60.00	\$60.00	
	Checking account, Chase Bank		100% of fair market value, up to any	_
	Line from		applicable statutory limit	
	Schedule A/B: 17			
	Brief			735 ILCS 5/12-1001(b)
	description:	\$12.00	\$12.00	
	Savings account, Chase Bank		100% of fair market value, up to any	_
	Line from		applicable statutory limit	
	Schedule A/B: 17			
3.	✓ No	ery 3 years after that for a	375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case?	

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Debtor 1 Melissa M Schaaf Case number (if known)
First Name Middle Name Last Name

rt 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemptio
Brief description: , 2005 Mazda 3 Line from Schedule A/B: 03	\$1,330.00	\$1,330.00; \$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)
Brief description: ATT stock Line from Schedule A/B: 18	\$4,000.00	\$3,328.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: used clothing Line from Schedule A/B: 11	\$3,000.00	\$3,000.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Brief description: cell phone Line from Schedule A/B: 07	\$400.00	\$400.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: couch, bed, dresser, lamp Line from Schedule A/B: 06	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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			9	_		
Fill in this info	ormation to identify your o	case:				
Debtor 1	Melissa	М	Schaaf			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	Northern	District of Illinois			
			(State)			
Case number (If known)	r		-			
Official	Form 106D			J		Check if this is an amended filing
Sched	ule D: Credi	tors Who Hav	ve Claims Secure	ed by Prop	erty	12/15
more space i	-		e are filing together, both are equals ber the entries, and attach it to t	•		
1. Do any	creditors have claims	secured by your propert	y?			
✓ No	. Check this box and sub	mit this form to the court w	vith your other schedules. You hav	ve nothing else to repo	ort on this form.	
Yes	s. Fill in all of the informati	on below.				
Part 1: Lis	t All Secured Claims					
for each	claim. If more than one cr		ed claim, list the creditor separately list the other creditors in Part 2. As g to the creditor's name.	Column A Amount of claim Do not deduct the	Column B Value of collateral	Column C Unsecured portion

this claim

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	n thic infor	mation to identify your c	000:					
	IT UIIS II IION	Thation to identify your c	ase.					
Deb	tor 1	Melissa	M	Schaaf				
		First Name	Middle Name	Last Name				
Deb	tor 2 use, if filing)	E'm I Name	NAC-L-III - NI	Last Name				
(ορυί	use, II IIIIIg)	First Name	Middle Name	Last Name				
Unit	ed States B	ankruptcy Court for the:	Northern	District of Illinois				
_				(State)				
(If knd	e number own)							
<u> </u>		orm 106E/F				Che	eck if this is ar	n amended filing
								
Sc	hedu	ıle E/F: Cre	ditors Who	Have Unse	cured Claims			12/15
other Form clain the e know	r party to a n 106A/B) a ns that are entries in t vn).	any executory contracts and on <i>Schedule G: Exe</i> Ilisted in <i>Schedule D: C</i> he boxes on the left. At	s or unexpired leases that cutory Contracts and Une reditors Who Hold Claims	could result in a clain expired Leases (Officia Secured by Property.	ms and Part 2 for creditors wit n. Also list executory contracts Form 106G). Do not include a If more space is needed, copy top of any additional pages, v	on Sched ny credito the Part y	ule A/B: Prop rs with partia ou need, fill i	perty (Official ally secured it out, number
1.		reditors have priority un Go to Part 2.	secured claims against y	ou?				
2.	listed, ider As much a Continuat	ntify what type of claim it as possible, list the claims ion Page of Part 1. If mor	is. If a claim has both priorit	ty and nonpriority amour ding to the creditor's nar particular claim, list the c		both priority	y and nonprio	rity amounts.
						Total	Priority	Nonpriority

claim

amount

amount

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Debtor 1 Melissa M Schaaf Case number (if known) First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Admin Recovery LLC \$816.99 Last 4 digits of account number Nonpriority Creditor's Name 45 Earhart Drive When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Suite 102 Contingent Unliquidated Buffalo New York 14221 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _____ unsecured Is the claim subject to offset? No Yes Adventist Health Partners, Inc. \$69.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 14000 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Belfast 04915 Maine Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes Adventist Hinsdale Hospital \$2,374.44 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 120 N Oak St n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60521 Hinsdale Illinois City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? Official Yes 106E/F Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Melissa M Schaaf Case number (if known)
First Name Middle Name Last Name

	After listing any entries on this page, number them beginning	with 4.5, followed by 4.6, and so forth.	Total claim		
4.4	Advocate Good Samaritan Hospital	— Last 4 digits of account number	\$0.00		
	Nonpriority Creditor's Name PO Box 3039	When was the debt incurred?n/a			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		— Contingent			
	Hinadala Illinaia 60522	Unliquidated			
	Hinsdale Illinois 60522 City State Zip Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
	Check if this claim relates to a community debt	Other. Specify unsecured			
	Is the claim subject to offset?				
	✓ No				
	Yes				
4.5	Advocate Health Care	— Last 4 digits of account number	\$1,849.00		
	Nonpriority Creditor's Name P.O. Box 4253	When was the debt incurred? n/a			
	Number Street				
		As of the date you file, the claim is: Check all that apply. Contingent			
	Carol Stream Illinois 60197	Unliquidated			
	City State Zip Code Who incurred the debt? Check one.	Disputed			
	Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar			
	Check if this claim relates to a community debt	debts			
	Is the claim subject to offset?	Other. Specify unsecured			
	No				
_	Yes				
4.6	AHMG Ortho Bolingbrook Nonpriority Creditor's Name	Last 4 digits of account number	\$8.00		
	396 Remington Road	When was the debt incurred?n/a			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	<u>Suite 130</u>	— Contingent			
	Dell'estre de la Ultradia a contrata de la Contrata	Unliquidated			
	Bolingbrook Illinois 60440 City State Zip Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans			
	Debtor 2 only Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or			
	<u>'</u>	divorce that you did not report as priority claims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
	Check if this claim relates to a community debt	Other. Specify unsecured			
	Is the claim subject to offset?				
	✓ No				
	Yes				

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Debtor 1 Melissa M Schaaf Case number (if known)
First Name Middle Name Last Name

	After listing any entries on this page, number them beginning	with 4.5, followed by 4.6, and so forth.	Total claim			
4.7	Amita Health - Adventist Medical Center	— Last 4 digits of account number	\$627.00			
	Nonpriority Creditor's Name 417 Bridge St	When was the debt incurred?n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		— Contingent				
	D ''' 04544	Unliquidated				
	DanvilleVirginia24541CityStateZip Code	Disputed				
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	<u>'</u>	Student loans				
	Debtor 2 only Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar				
	Check if this claim relates to a community debt	— debts ✓ Other. Specify unsecured				
	Is the claim subject to offset?	<u> </u>				
	✓ No					
	Yes					
4.8	Arbors of Glen Ellyn	Last A Balla of constant and con-	\$3,189.62			
	Nonpriority Creditor's Name	Last 4 digits of account number				
	325 Ramblewood Dr Number Street	When was the debt incurred?n/a				
		As of the date you file, the claim is: Check all that apply.				
		Contingent				
	Glen Ellyn Illinois 60137	Unliquidated				
	City State Zip Code	Disputed				
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	<u> </u>	Student loans				
	Debtor 2 only	Obligations arising out of a separation agreement or				
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
	Check if this claim relates to a community debt	Other. Specify unsecured				
	Is the claim subject to offset?	<u> </u>				
	✓ No					
	Yes					
4.9	Atlantic Credit and Finance		\$5,811.74			
4.5	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ5,011.74			
	PO BOX 11887 Number Street	When was the debt incurred?n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		— Contingent				
	Roanoke Virginia 24022	Unliquidated				
	City State Zip Code	Disputed				
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	Student loans				
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	ims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar				
	Check if this claim relates to a community debt	— debts ✓ Other. Specify unscured				
	Is the claim subject to offset?	<u> </u>				
	✓ No					
	Yes					

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____ Case number (if known) Debtor 1 Melissa Schaaf First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning wi	th 4.5, followed by 4.6, and so forth.	Total claim
4.10	BK OF AMER	Last 4 digits of account number 7922	\$0.00
	Nonpriority Creditor's Name 4909 SAVARESE CIRCLE FL1-908-01-47	When was the debt incurred? 4/1998	
	Number Street	· · · · · · · · · · · · · · · · · · ·	
		As of the date you file, the claim is: Check all that apply. Contingent	
	TAMPA Florida 33634	\	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	<u></u>	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No	_	
	Yes		
4.11	Blue Cross Blue Shield	Lock & dissilate of account assembly	\$0.00
	Nonpriority Creditor's Name	Last 4 digits of account number	
	PO Box 7344 Number Street	When was the debt incurred?n/a	
	Number Circle	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Chicago Illinois 60680	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:	
		Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a community debt	Other. Specify unsecured	
	Is the claim subject to offset?	_	
	✓ No		
	Yes		
4.12	CAP1/CARSN	Last 4 digits of account number 7101	\$0.00
	Nonpriority Creditor's Name PO BOX 30253	When was the debt incurred? 2/1996	
	Number Street	· · · · · · · · · · · · · · · · · · ·	
		As of the date you file, the claim is: Check all that apply.	
	SALT LAKE CITY Utah 84130	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No	_	

Yes

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Debtor 1 Melissa Schaaf М ____ Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.13	CAP1/NEIMN Nonpriority Creditor's Name	Last 4 digits of account number 5393	\$349.00
	131 E Grand Ave	When was the debt incurred? 1/2018	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	-	Contingent	
	Chicago Illinois 60611 City State Zip Code	— Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<u> </u>	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes		
4.44			
4.14	CB/CARSONS Nonpriority Creditor's Name	Last 4 digits of account number 0040	\$0.00
	PO Box 659813	When was the debt incurred? 2/1996	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	San Antonio Texas 78265		
	City State Zip Code	— Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes		
4.15	CBNA Nonpriority Creditor's Name	Last 4 digits of account number 9947	\$0.00
	Nonpriority Creditor's Name Po Box 6497	When was the debt incurred? 11/1986	
	Number Street	A of the date was file the alains in Charles III that are he	
		As of the date you file, the claim is: Check all that apply.	
	Sioux Falls South Dakota 57117	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	블	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts Other Specify CreditCord	
	Is the claim subject to offset?	✓ Other. Specify CreditCard	
	✓ No		
	Yes		

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Debtor 1 Melissa M Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 Chase Bank USA, N.A. \$0.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 15145 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 19850 Wilmington Delaware City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No ☐ Yes CHASE CARD \$7,495.00 Last 4 digits of account number ___ 4554 Nonpriority Creditor's Name BANK ONE CARD SERV 2500 WESTFIELD DRI When was the debt incurred? 10/2010 Street As of the date you file, the claim is: Check all that apply. Contingent **ELGIN** Illinois 60124 Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.18 Chase Receivables \$102.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 659 Number As of the date you file, the claim is: Check all that apply. Contingent 07007 West Caldwell New Jersey Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify _ unsecured Is the claim subject to offset?

✓ No

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Debtor 1 Melissa M Schaaf Case number (if known) Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Cigna \$1,323.00 - Last 4 digits of account number Nonpriority Creditor's Name PO BOX 30028 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 33630 Florida Tampa City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify __ unsecured Is the claim subject to offset? No ◪ Yes 4.20 CITI \$0.00 Last 4 digits of account number _ 7124 Nonpriority Creditor's Name When was the debt incurred? 4/2000 P.O. BOX 9001037 As of the date you file, the claim is: Check all that apply. Contingent 40290 Louisville Kentucky Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes Comenitty Bank/Victoria's Secret \$641.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 220 W SCHROCK RD Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated WESTERVILLE Ohio 43081 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset?

No Yes

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Debtor 1 Melissa M Schaaf Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

rait 2.	Tour NONPRIORITY Unsecured Claims - Continuation	iii age			
	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				
4.22	COMENITY BANK/MAURICES	- Last 4 digits of account number 1550	\$0.00		
	Nonpriority Creditor's Name Po Box 182273	When was the debt incurred? 3/2004			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
	Columbus Ohio 43218 City State Zip Code	Unliquidated			
	Who incurred the debt? Check one.	Disputed			
	Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or			
	At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar			
	Check if this claim relates to a community debt	debts			
	Is the claim subject to offset?	✓ Other. Specify CreditCard			
	✓ No				
	Yes				
4.23	COMENITYCB/ULTA Nonpriority Creditor's Name	 Last 4 digits of account number 6307 	\$533.00		
	PO BOX 182120	When was the debt incurred? 1/2018			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
	COLUMBUS Ohio 43218	Unliquidated			
	City State Zip Code	불 '			
	Who incurred the debt? Check one. Debtor 1 only	Disputed			
	Debtor 2 only	Type of NONPRIORITY unsecured claim:			
	<u> </u>	Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar			
	Check if this claim relates to a community debt	debts			
	Is the claim subject to offset?	Other. Specify CreditCard			
	✓ No				
	Yes				
4.24	Comenity-Express Nonpriority Creditor's Name	Last 4 digits of account number	\$800.00		
	PO Box 659728	When was the debt incurred?n/a			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		- Contingent			
	Con Antonio Toyoo 79265	Unliquidated			
	San Antonio Texas 78265 City State Zip Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	<u> </u>	Student loans			
	Debtor 2 only	Obligations arising out of a separation agreement or			
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims			
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
	Check if this claim relates to a community debt	✓ Other. Specify unsecured			
	Is the claim subject to offset?				
	✓ No				
	Yes				

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Debtor 1 Melissa Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** Comprehensive Clinical Services 4.25 \$132.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2340 S Highland Ave Street Number As of the date you file, the claim is: Check all that apply. Suite 300 Contingent Unliquidated 60148 Illinois Lombard City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No Yes Credit Collection Services \$321.23 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2 Wells Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Massachusetts Newton Center 02459 Disputed State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes Dependon Collection Service, Inc. \$3,036.50 4.27 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 4833 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Oak Brook Illinois 60523 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

unsecured

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Debtor 1 Melissa M Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.28 Distinctive Dental Care \$4,290.50 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 625 N Addison Road Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60181 Villa Park Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify __ unsecured Is the claim subject to offset? No ◪ ☐ Yes DSNB MACYS \$0.00 Last 4 digits of account number _ 5443 Nonpriority Creditor's Name When was the debt incurred? 3/2013 PO Box 8113 Street As of the date you file, the claim is: Check all that apply. Contingent Ohio 45040 Mason Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes DuPage Convalescent Center \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 400 N County Farm Road Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Wheaton 60187 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset?

No Yes

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Debtor 1 Melissa Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** Dupage Medical Group 4.31 \$169.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 15921 Collection Center Drive Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60693 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No Yes Dupage Pathology Associates SC \$11.81 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 520 E 22nd Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Lombard Illinois 60148 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes Edward Elmhurst Health 4.33 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 801 S. Washington Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Naperville Illinois 60540 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify unsecured

✓ No ☐ Yes

Is the claim subject to offset?

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Debtor 1 Melissa M Schaaf Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.34 Elite Medical Billing Service \$0.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO BOX 5085 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Woodridge 60517 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No ☐ Yes Elmhurst Anesthesiologist \$158.40 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO BOX 87916 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Carol Stream Illinois 60188 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes Elmhurst Emergency Medical Services LTD 4.36 \$26.09 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1165 Paysphere Circ Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60674 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

unsecured

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Debtor 1 Melissa M Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.37 Elmhurst Hospital \$321.23 Last 4 digits of account number Nonpriority Creditor's Name 100 E Brushill Road When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60126 Illinois Elmhurst City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No ◪ ☐ Yes Elmhurst Memorial Healthcare \$3,245.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 200 Berteau Ave As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Elmhurst Illinois 60126 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes **EXXMBLCITI** 4.39 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/1992 PO BOX 6497 Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57117 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset?

✓ No Yes

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Debtor 1 Melissa Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.40 Fenton & McGarvey Law Firm \$928.97 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2401 Stanley Gault Parkway Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 40223 Louisville Kentucky City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No Yes H&R Accounts, Inc. \$408.42 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 7017 John Deere Parkway As of the date you file, the claim is: Check all that apply. PO Box 672 Contingent Unliquidated Moline Illinois 61265 Disputed City State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes Healthy Driven \$973.76 4.42 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 140250 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Toledo 43614 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify unsecured

✓ No ☐ Yes

Is the claim subject to offset?

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.43 Hinsdale Anesthesia Associates LTD \$102.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a Dept 77 9131 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60678 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No ◪ Yes Hinsdale Foot and Ankle Specialist \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 23 W Chicago Avenue As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Hinsdale Illinois 60521 Disputed State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes JEFFERSON CAPITAL SYST \$1,053.00 4.45 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11/2016 16 MCLELAND RD Number As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 UnknownLoanType Is the claim subject to offset? Other. Specify

No Yes

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.46 JEFFERSON CAPITAL SYST \$928.00 Last 4 digits of account number Nonpriority Creditor's Name 16 MCLELAND RD When was the debt incurred? 11/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes **KEANE** 4.47 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 1348 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 19399 Southeastern Pennsylvania City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? **✓** No Yes 4.48 Kevin J Salvino DPM \$251.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 23 W. Chicago Avenue Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60521 Hinsdale Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify _

unsecured

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Debtor 1 Melissa Schaaf _____ Case number (if known) М Last Name First Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

4.49	KOHLS/CAPONE	- Last 4 digits of account number 7405 _	\$0.00
	Nonpriority Creditor's Name PO BOX 3115	When was the debt incurred? 3/1998	
	Number Street		
		As of the date you file, the claim is: Check all that apply. Contingent	
	MILWAUKEE Wisconsin 53201	\	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
		Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes		
4.50	Malcom S. Gerald and Associates, Inc.	- Last 4 digits of account number _	\$13.00
	Nonpriority Creditor's Name 332 S Michigan Ave Ste 600	When was the debt incurred?	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Chicago Illinois 60604	Unliquidated	
	City State Zip Code Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a community debt	Other. Specify unsecured	
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.51	MBB	- Last 4 digits of account number 6987 _	\$158.00
	Nonpriority Creditor's Name 1550 N NORTWEST HWY STE 403	When was the debt incurred? 2/2017	_
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	PARK RIDGE Illinois 60068	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	<u>'</u>	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL	
	✓ No	Other. SpecifyPAYMENT DATA	
	Yes		

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.52 \$1,552.59 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8875 Aero Drive # 200 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 92123 California San Diego State Citv Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify __ unsecured Is the claim subject to offset? No ☐ Yes Merchants Credit Guide \$275.62 Last 4 digits of account number _ Nonpriority Creditor's Name When was the debt incurred? n/a 223 W Jackson Ave # 700 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60606 Disputed State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes MERCHANTS CREDIT GUIDE \$3,245.00 4.54 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7/2017 223 W JACKSON BLVD # 700 Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60606 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

√ No

Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

|✓|

Other. Specify _

001 Collection; Collecting for

ORIGINAL CREDITOR: MEDICAL

PAYMENT DATA

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Debtor 1 Melissa Schaaf _____ Case number (if known) М First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim**

4.55	MERCHANTS CREDIT GUIDE	 Last 4 digits of account number1213 	\$229.00
	Nonpriority Creditor's Name 223 W JACKSON BLVD # 700	When was the debt incurred? 6/2017	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Chicago Illinois 60606 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL	
	✓ No	Other. Specify PAYMENT DATA	
	Yes		
4.56	MIDLAND FUNDING Nonpriority Creditor's Name	 Last 4 digits of account number 6672 	\$1,553.00
	2365 Northside Drive	When was the debt incurred?10/2016	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	San Diego California 92108	Unliquidated	
	City State Zip Code Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	불	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt Is the claim subject to offset?	debts Other. Specify001 UnknownLoanType	
	No	<u> </u>	
	Yes		
4.57	MIDLAND FUNDING		\$1,167.00
7.07	Nonpriority Creditor's Name	Last 4 digits of account number 0515	Ψ1,107.00
	2365 Northside Drive Number Street	When was the debt incurred?11/2016	
	Trained Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	San Diego California 92108 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify 001 UnknownLoanType	
	✓ No	_	

Yes

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Debtor 1 Melissa Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.58 Midwest Physical Therapy CTR \$149.86 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1000 E State Parkway Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60173 Illinois Schaumburg City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No ◪ Yes Midwest Psychiatry Association \$48.85 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO BOX 5016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Hinsdale Illinois 60522 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes Midwestern University Dental Institute 4.60 \$31.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3450 Lacey Rd Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Downers Grove Illinois 60515 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify unsecured

✓ No ☐ Yes

Is the claim subject to offset?

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.61 Nationwide Credit \$7,495.42 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 14581 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 50306 Des Moines Iowa City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No Ⅵ ☐ Yes NCC BUSINESS SVCS INC \$3,190.00 Last 4 digits of account number _ 8688 Nonpriority Creditor's Name When was the debt incurred? 9/2015 9428 BAYMEADOWS RD STE 2 Street As of the date you file, the claim is: Check all that apply. Contingent JACKSONVILLE 32256 Florida Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: FRG SC5 **✓** No Other. Specify LLC/ARBORS OF GLEN ELL Yes 4.63 Neiman Marcus \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1618 Main Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Dallas 75201 Texas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ unseucred

No Yes

Is the claim subject to offset?

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.64 Nordstrom Card Services \$1,289.50 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 6555 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 80155 Colorado Englewood City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify __ unsecured Is the claim subject to offset? No ◪ Yes NORDSTROM/TD BANK USA \$816.00 Last 4 digits of account number ___ 2793 Nonpriority Creditor's Name When was the debt incurred? 7/2012 PO BOX 6555 Street Number As of the date you file, the claim is: Check all that apply. Contingent ENGLEWOOD Colorado 80155 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.66 North Shore Medical, Ltd. \$253.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 767 Park Ave W Number As of the date you file, the claim is: Check all that apply. Suite 110 Contingent Unliquidated Highland Park Illinois 60035 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify _

unsecured

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.67 State Collection Service Inc. \$1,849.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2509 S Stoughton Rd Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Wisconsin 53716 Madison City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No Yes State Collection Service Inc. \$1,849.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO BOX 1022 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Wixom Michigan 48393 Disputed City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes State of Illinois Department of Human Services 4.69 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 19502 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Springfield Illinois 62794 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

unsecured

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.70 Suburban Radiologists, SC \$21.62 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1446 Momentum Place Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60689 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No Ⅵ Yes SYNCB/AMEAGL \$0.00 Last 4 digits of account number _ 8571 Nonpriority Creditor's Name When was the debt incurred? 4/2007 PO BOX 965005 Number As of the date you file, the claim is: Check all that apply. Contingent Orlando 32896 Florida Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes SYNCB/AMEG D \$0.00 Last 4 digits of account number 0082 Nonpriority Creditor's Name When was the debt incurred? PO Box 530942 Number As of the date you file, the claim is: Check all that apply. Contingent 30353 Atlanta Georgia Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

✓ No Yes

Is the claim subject to offset?

Other. Specify _

CreditCard

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Case number (if known) Debtor 1 Melissa Schaaf First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

	Arter fishing any entries on this page, number them beginning	with 4.0, followed by 4.0, and 30 forth:	Total Clailli
4.73	SYNCB/CARE CREDIT	- Last 4 digits of account number 8356	\$0.00
	Nonpriority Creditor's Name		
	C/O P.O. BOX 965036 Number Street	When was the debt incurred? 4/2007	
	Number Sueet	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	ORLANDO Florida 32896	—	
	City State Zip Code Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes		
4.74	SYNCB/CARECR	— Last 4 digits of account number 5946	\$0.00
	Nonpriority Creditor's Name C/O PO BOX 965036	When was the debt incurred? 12/2004	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		— Contingent	
	ORLANDO Florida 32896	Unliquidated	
	City State Zip Code		
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	<u> </u>	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes		
	<u> </u>		
4.75	SYNCB/GAP Nonpriority Creditor's Name	Last 4 digits of account number1166	\$0.00
	PO BOX 965005	When was the debt incurred? 8/2001	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	ORLANDO Florida 32896		
	City State Zip Code	— Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No	_	

Yes

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.76 SYNCB/JCP \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965007 When was the debt incurred? 8/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando Florida Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? ◪ **✓** No Yes 4.77 SYNCB/OLD NAVY \$0.00 2025 Last 4 digits of account number Nonpriority Creditor's Name Po Box 530942 When was the debt incurred? 11/2004 Number As of the date you file, the claim is: Check all that apply. Contingent Atlanta Georgia 30353 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? CreditCard **✓** No Yes 4.78 SYNCB/STNMRT \$0.00 Last 4 digits of account number 0058 Nonpriority Creditor's Name PO Box 105972 When was the debt incurred? 5/2013 Number As of the date you file, the claim is: Check all that apply. Contingent 30348 Atlanta Georgia Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify

CreditCard

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Case number (if known) Debtor 1 Melissa Schaaf First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5. followed by 4.6. and so forth.

	Arter fishing any entires on this page, number them beginning w	vitil 4.3, lollowed by 4.0, and 30 loltin.	i otai ciaiiii
4.79	SYNCB/TJXDC	- Last 4 digits of account number 4343	\$0.00
	Nonpriority Creditor's Name PO Box 960061	When was the debt incurred? 12/2014	
	Number Street	<u> </u>	
		As of the date you file, the claim is: Check all that apply.	
	Orlando Florida 32896	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
	Yes		
4 90	TARGET NB		\$0.00
4.80	Nonpriority Creditor's Name	 Last 4 digits of account number0398 	φ0.00
	PO BOX 673 Number Street	When was the debt incurred? 1/2009	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	MINNEAPOLIS Minnesota 55440 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	✓ Other. Specify CreditCard	
	No	<u> </u>	
	Yes		
4.81	TD BANK USA/TARGETCRED Nonpriority Creditor's Name	 Last 4 digits of account number 1988 	\$0.00
	PO BOX 673	When was the debt incurred? 8/2010	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	MINNEAPOLIS Minnesota 55440	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one. Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	님	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts CroditCard	
	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		

Yes

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Debtor 1 Melissa М Schaaf Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.82 The Bon-Ton Stores Inc \$0.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a C/O PTJ Partners Street Number As of the date you file, the claim is: Check all that apply. 200 West Madison Street Contingent Unliquidated 60606 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ 1810248 Is the claim subject to offset? No Yes Transword Systems Inc. \$232.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 802 E Martintown Rd As of the date you file, the claim is: Check all that apply. Contingent Unliquidated North Augusta South Carolina 29841 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured Is the claim subject to offset? **✓** No Yes United Collection Bureau, Inc. \$7,495.42 4.84 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5620 Southwyck Blvd # 206 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Toledo 43614 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

unsecured

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Debtor 1 Melissa Schaaf М Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.85 Verizon Wireless - Bankruptcy \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 500 Technology Drive, Suite 550 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 63304 Saint Charles Missouri City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ unsecured Is the claim subject to offset? No $\overline{}$ Yes **VON MAUR** 4.86 \$0.00 Last 4 digits of account number 1847 Nonpriority Creditor's Name When was the debt incurred? 2/2014 6565 BRADY Number Street As of the date you file, the claim is: Check all that apply. Contingent 52806 DAVENPORT Iowa Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset?

✓ No
☐ Yes

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Debtor 1 Melissa M Schaaf Case number (If known)
First Name Middle Name Last Name

	Wilder Name			
Part 4: Add tl	ne Amounts for Each Type of Unsecured Claim			
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	atistical reporting pu	rposes only
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government		\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$75,259.58	
	6j. Total. Add lines 6f through 6i.	6j.	\$75,259.58	

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Fill in this information to identify your case:							
Debtor 1	Melissa	М	Schaaf				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois (State)	_			
Case number (If known)			(5.11.13)	_			

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this infor	mation to identify your c	ase:		
Debtor 1	Melissa	М	Schaaf	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	Northern	District of Illinois	
			(State)	
Case number (If known)				
				Check if this is an amended filing
Official	Form 106H			
Schedul	e H: Your Coc	lebtors		12/15
No Yes 2. Within the Idaho, Lo No. Yes.	e last 8 years, have you uisiana, Nevada, New Mex Go to line 3.	lived in a community pro ico, Puerto Rico, Texas, W	perty state or territory? (ashington, and Wisconsin.)	(<i>Community property states and territories</i> include Arizona, California,
	Yes. In which communit	y state or territory did you	ı live?	Fill in the name and current address of that person.
	Name of your spouse, f	ormer spouse, or legal equ	ivalent	
	Number Street			
	City	State	Zip Code	de .
	•	-	•	f your spouse is filing with you. List the person shown in line 2 have listed the creditor on <i>Schedule D</i> (Official Form 106D),

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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Fill in this i	nformation to identify	vour case:						
Debtor 1	Melissa First Name	M Middle Name	Schaa Last N)	— Che	eck if this is:	
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last N	ame	<u> </u>		An amended filing	
United State the:	es Bankruptcy Court for	Northern	District of Ill		1		A supplement showing po expenses as of the followi	
(If known)	er					- ;	MM / DD / YYYY	
Official	Form 106I							
	ule I: Your In	come						12/15
information spouse. If n number (if I	about your spouse. I		d your spou	se is	not filing	with you, do	not include information	n about your
	our employment		Debtor 1				Debtor 2	
information. If you have more than one job, attach a separate page with information about additional employers.		Employment status Occupation		Employed Not Employed			Employed Not Employed	
Include	part time, seasonal, or lloyed work.	Employer's name	Michaels					
Occupat	ion may include student maker, if it applies.	Employer's address	8000 Bent Branch Dr Number Street				Number Street	
			Irving City		Texas State	75063 Zip Code	City S	tate Zip Code
		How long employed there?						
Part 2: G	ive Details About N	Monthly Income						
Estimate r spouse unli	monthly income as of the ess you are separated. our non-filing spouse have	the date you file this form	•				·	,
2. List m		et to this form. ary, and commissions (befo, calculate what the monthly		2.	For	\$801.67	For Debtor 2 or non-filing spouse	
	ate and list monthly ove	rtime pay.		3.		+ \$0.00		
4. Calcu	late gross income. Add l	ine 2 + line 3.		4.		\$801.67		

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Debtor 1Melissa First Name		Schaaf Last Name	Case number	(if			
riiot Naiiio	Windaio Namo	Luot Humo	For Debtor 1	For Debtor 2 or non-filing spouse			
Copy line 4 here		→ 4.	\$801.67				
5. List all payroll deductions							
5a. Tax, Medicare, and So	ocial Security deductions	5a.	\$160.33				
5b. Mandatory contributi	ons for retirement plans	5b.	\$0.00				
5c. Voluntary contribution	ns for retirement plans	5c.	\$0.00				
5d. Required repayments	of retirement fund loans	5d.	\$0.00				
5e. Insurance		5e.	\$0.00				
5f. Domestic support obli	igations	5f.	\$0.00				
5g. Union dues		5g.	\$0.00				
5h. Other deductions. Sp	ecify:	_ 5h. +	\$0.00 +				
6. Add the payroll deduction +5h.	ns. Add lines 5a + 5b + 5c + 5d + 5e +5	f + 5g 6.	\$160.33				
7. Calculate total monthly to	ake-home pay. Subtract line 6 from line	94. 7.	\$641.33				
8. List all other income regu	ılarly received:						
business, profession,							
	each property and business showing and necessary business expenses, and						
the total monthly net in		8a.	\$0.00				
8b. Interest and dividend	s	8b.	\$0.00				
dependent regularly r		a					
divorce settlement, and		8c.	\$500.00				
8d. Unemployment comp	ensation	8d.	\$0.00				
8e. Social Security		8e.	\$0.00				
Include cash assistance cash assistance that you under the Supplemental housing subsidies Specify:	sistance that you regularly receive and the value (if known) of any non- u receive, such as food stamps (benefits I Nutrition Assistance Program) or	;					
Food Assistance Progra		8f.	\$197.00				
8g. Pension or retiremen		8g.	\$0.00				
8h. Other monthly incom Voluntary Household Cont		8h. +	<u>\$0.00</u> +				
9. Add all other income Add	lines 8a + 8b + 8c + 8d + 8e + 8f +8g	⊦8h. 9.	\$697.00				
10. Calculate monthly incom Add the entries in line 10 fo	ne. Add line 7 + line 9. or Debtor 1 and Debtor 2 or non-filing sp	10. pouse	\$1,338.33 +		= \$1,338.33		
Include contributions from friends or relatives.	ontributions to the expenses that you an unmarried partner, members of your	household, your	dependents, your roomm	•			
	ts already included in lines 2-10 or amo	unts that are not	avaliable to pay expenses I	isted in <i>Scriedule J.</i>	11. + \$0.00		
Specify:					11. +		
	ast column of line 10 to the amount i Summary of Schedules and Statistical Su			•	12. \$1,338.33		
					Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?							
✓ No.							
Yes. Explain:							

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		Doct	iment Page 58 of 9	/	
Fill in this infor	mation to identify yo	ur case:			
Debtor 1	Melissa	М	Schaaf		
D. I	First Name	Middle Name	Last Name	Check if this is:	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended filing	g
United States E	Bankruptcy Court for t	he: Northern	District of Illinois (State)	A supplement she expenses as of the	owing post-petition chapter 13 ne following date:
Case number (If known)				MM / DD / YYYY	
	Form 106.	_			12/15
information. If (if known). Ans	•	ed, attach another sheet to this	re filing together, both are equal form. On the top of any addition		
		iloiu			
1. Is this a joi					
	to line 2				
Yes. Do	oes Debtor 2 live in	a separate household?			
Ĺ	Yes. Debtor 2 mus	st file Official Forms 106J-2, <i>Expel</i>	nses for Separate Household of Deb	tor 2.	
2. Do you hav	e dependents?	No			
Do not list D Debtor 2.	ebtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
expenses o	penses include f people other	No Yes			
yourself and dependents	-	100			
Part 2: Estin	mate Your Ongoir	ng Monthly Expenses			
	of a date after the ba		you are using this form as a suppl plemental Schedule J, check the	•	•
	•	n-cash government assistance ed it on Schedule I: Your Income	-		Your expenses
	or home ownership or the ground or lot. 4	-	nclude first mortgage payments and		\$50.00
If not incl	uded in line 4:				

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Melissa M Schaaf Case number (if known)
First Name Middle Name Last Name

First Name	Middle Name	Last Name		
				Your expenses
5. Additional mortgage payme	nts for your residence, such a	as home equity loans	5.	\$0.00
6. Utilities:				
6a. Electricity, heat, natural ga	aS		6a.	\$0.00
6b. Water, sewer, garbage col	lection		6b.	\$0.00
6c. Telephone, cell phone, Int	ternet, satellite, and cable service	es	6c.	\$97.00
6d. Other. Specify:			6d	\$0.00
7. Food and housekeeping sup	plies		7.	\$325.00
8. Childcare and children's edu	ucation costs		8.	\$0.00
9. Clothing, laundry, and dry cl	eaning		9.	\$200.00
10. Personal care products and	d services		10.	\$110.00
11. Medical and dental expens	ses		11.	\$100.00
12. Transportation. Include gas Do not include car payments			12.	\$275.00
13. Entertainment, clubs, recre	eation, newspapers, magazine	es, and books	13.	\$100.00
14. Charitable contributions ar	nd religious donations		14.	\$0.00
15. Insurance. Do not include insurance ded	ucted from your pay or included	d in lines 4 or 20.		
15a. Life insurance			15a	\$0.00
15b. Health insurance			15b	\$0.00
15c. Vehicle insurance			15c	\$85.00
15d. Other insurance. Specify	<u>/:</u>		15d	\$0.00
16. Taxes. Do not include taxes	deducted from your pay or inclu	uded in lines 4 or 20.		
Specify:			16	\$0.00
17. Installment or lease payme	ents:			
17a. Car payments for Vehicle	: 1		17a	\$0.00
17b. Car payments for Vehicle	e 2		17b	\$0.00
17c. Other. Specify:			17c	\$0.00
17d. Other. Specify:			17d	\$0.00
	maintenance, and support th le I, Your Income (Official For	nat you did not report as deducted from rm 106l).	18.	\$0.00
19. Other payments you make t	to support others who do not	live with you.		
Specify:			19.	\$0.00
20.Other real property expense	es not included in lines 4 or 5	of this form or on Schedule I: Your Income.		
20a. Mortgages on other prop	perty		20a	\$0.00
20b. Real estate taxes.			20b	\$0.00
20c. Property, homeowner's,			20c	\$0.00
20d. Maintenance, repair, and			20d	\$0.00
20e. Homeowner's associatio	n or condominium dues		20e	\$0.00

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Debtor 1 Melis		M	Schaaf	Case number (if known)		
First	Name	Middle Name	Last Name			
21. Other. Spe	ecify:				21	\$0.00
22. Calculate	your monthly expenses	•				\$1,342.00
22a. Add li	nes 4 through 21.					\$0.00
22b. Copy	line 22 (monthly expense	!		\$1,342.00		
22c. Add li	ne 22a and 22b. The resu	It is your monthly exp	enses.		22.	
23. Calculate	your monthly net incom	e.				
23a. Copy	line 12 (your combined m	onthly income) from	Schedule I.		23a	\$1,338.33
23b. Copy	your monthly expenses fr	om line 22 above.			23b	\$1,342.00
23c. Subtra	act your monthly expenses	s from your monthly i	ncome.			(\$3.67)
Then	esult is your monthly net i	ncome.			23c	
24 Do you ex	nect an increase or dec	rease in vour expen	ses within the year after	you file this form?		
_			•			
			oan within the year or do y nodification to the terms of			
mortgage	payment to increase or de	crease because or a r	inodification to the terms of	r your mongage:		
No						
✓ Yes						
	Explain here:	d who covers most o	vn an ana			
	Debtor lives with frien	a who covers most e	xpenses.			

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Fill in this information to identify your case:								
Debtor 1	Melissa	М	Schaaf					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)					
Case number (If known)								

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pai	t 1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to h	nelp you fill out bankruptcy forms?
	✓ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary a	and schedules filed with this declaration and
	that they are true and correct.	
×	/s/ Melissa Schaaf	×
	Signature of Debtor 1	Signature of Debtor 2
	Date 6/20/2018	Date
	MM/DD/YYYY	MM/DD/YYYY

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Fill i	n this info	ormation to identify your	case:					
Deb	tor 1	Melissa	М	Scha	af			
Deb	tor 2	First Name	Middle N	lame Last I	Name			
	use, if filing)	First Name	Middle N	lame Last I	Name			
Unit	ed States	Bankruptcy Court for the:	Northern	District of I				
Case (If kno	e number own)	r		((State)			
Of	ficial	Form 107						Check if this is a amended filing
Sta	ateme	ent of Financia	al Affairs f	or Individual	ls Filing fo	r Bankru	ptcy	04/1
Be a	s compl rmation.	lete and accurate as po . If more space is need nown). Answer every o	essible. If two ma	arried people are fili	ng together, bot	h are equally	responsible for s	
Par	ti: Giv	e Details About Your	Marital Status	and Where You Liv	ved Before			
1.	What i	s your current marital st	atus?					
		arried ot married						
	✓ 140	otmanieu						
2.	During	the last 3 years, have y	ou lived anywhere	other than where yo	ou live now?			
	✓ No	o es. List all of the places y	ou lived in the last	3 years. Do not inclu	de where you live	now.		
	De	ebtor 1:		Dates Debtor 1 live	Debtor 2:			Dates Debtor 2 lived there
					Same a	s Debtor 1		Same as Debtor 1
	Nu	umber Street		From	Number Stre	eet		From
	_			To				To
	Ci	ity State	Zip Code		City	State	Zip Code	
		•			Same a	s Debtor 1		Same as Debtor 1
	Nu	umber Street		From	Number Stre	eet		From
	_			То	-			То
	Ci	ity State	Zip Code		City	State	Zip Code	
3.	and territ	he last 8 years, did you e	ornia, Idaho, Louis	iana, Nevada, New Me	xico, Puerto Rico, Te			nmunity property states
	☐ Yes	s. Make sure you fill out S	cnedule H: Your (Jodebtors (Official Fo	orm 106H).			

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Debtor 1 Melissa Schaaf Case number (if known) First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages, $\overline{\mathbf{A}}$ Wages, \$600.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages. Wages. \$3604.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$142.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) \$1,182.00 Estimated LINK income From January 1 of current year until estimated alimony \$3,000.00 the date you filed for bankruptcy: Stock withdrawal \$1,000.00 Estimated LINK income \$2,364.00 For last calendar year: \$6,000.00 estimated alimony (January 1 to December 31, 2017 Estimated LINK income \$2.364.00 For the calendar year before that: estimated alimony \$6,000.00 (January 1 to December 31, 2016

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Schaaf Debtor 1 Melissa Case number (if known) First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code vendors

Other

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or 1	Melissa	M		haaf	Case number	(if known)
	First Name	Middle Name	Las	t Name		
nsi orp age		any general partners an officer, director, p siness you operate as	; relatives of any erson in control,	general partners; pa or owner of 20% o	rtnerships of which y or more of their voting	
✓	No	,				
	Yes. List all payments to	an insider.	Dates of	Total amount	Amount you	Reason for this payment
			payment	paid	still owe	
	Insider's Name					
	Number Street					
	City State	Zip Code				
	Insider's Name					
	Number Street					
	City State	Zip Code				
	der? ude payments on debts gu No Yes. List all payments tr	_	der. Dates of	Total amount	Amount you	Reason for this payment
			payment	paid	still owe	Include creditor's name
	Insider's Name					
	Number Street					
_	City State	Zip Code				
	Insider's Name					
	Number Street					
	City State	Zin Code				

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Debtor 1 Melissa Schaaf Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title judgment Pending Circuit Court for the 18th Judicial MIdland Funding LLC v Melissa Circuit Dupage County, IL Schaaf On appeal Court Name 505 N. County Farm Road Concluded Case number NumberStreet 2017SC006031 Wheaton Illinois 60187 City State Zip Code Case title judgment Circuit Court for the 18th Judicial Pending Midland Funding LLC v Melissa Circuit Dupage County, IL Schaaf On appeal Court Name 505 N. County Farm Road Concluded Case number NumberStreet 2017SC003310 60187 Wheaton Illinois City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Value of the Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed.

City

State

Zip Code

Property was garnished.

Property was attached, seized, or levied.

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Debtor 1 Melissa M Schaaf Case number (if known) 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amou accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action	nts from your
accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.	nte from your
Yes. Fill in the details.	nts nom you
Describe the action the creditor took Date action	
was taken	Amount
Creditor's Name	
Number Street	
Last 4 digits of account number: XXXX-	
City State Zip Code	
	_
12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of appointed receiver, a custodian, or another official?	reditors, a court-
✓ No	
Yes	
Part 5: List Certain Gifts and Contributions	
13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?	
No	
Yes. Fill in the details for each gift.	W-1
Gifts with a total value of more than \$600 Describe the gifts per person Describe the gifts gave the gifts	Value
Person to Whom You Gave the Gift	
Number Street	
Number Street City State Zip Code	
City State Zip Code	
City State Zip Code	
City State Zip Code Person's relationship to you	
City State Zip Code Person's relationship to you	
City State Zip Code Person's relationship to you Person to Whom You Gave the Gift	

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	Melissa	M	Schaaf	Case number <i>(if know</i>	(1))	
	First Name	Middle Name	Last Name			
Wi	thin 2 years before you fi	led for bankruptcy, did	d you give any gifts or contributions w	with a total value o	of more than \$600	to any charity?
V	No					
Ë	· Yes. Fill in the details fo	r each aift or contribut	ion.			
_		-				
	Gifts or contributions that total more than \$		Describe what you contributed		Date you contributed	Value
	that total more than \$	500			Contributed	
			_			
	Charity's Name					
			-			
	 		_			
	Number Street					
	City State	Zip Code	-			
	Oily State	Zip Code				
6:	List Certain Losses					
		ed for bankruptcy or si	nce you filed for bankruptcy, did you	lose anything bed	ause of theft, fire,	other disaster, or
gai	mbling?					
✓	No					
Ħ	Yes. Fill in the details.					
			Describe and income a consul		Data of	Value of succession
	Describe the property how the loss occurred	you lost and	Describe any insurance covera Include the amount that insurance		Date of your loss	Value of propert
			pending insurance claims on line		.000	
			A/B: Property.			
Wit	out seeking bankruptcy	ed for bankruptcy, did or preparing a bankrup	you or anyone else acting on your be otcy petition? or credit counseling agencies for service			anyone you consult
abo	thin 1 year before you file out seeking bankruptey o lude any attorneys, bankru No	ed for bankruptcy, did or preparing a bankrup	tcy petition?			anyone you consult
Wit	thin 1 year before you file but seeking bankruptcy ol lude any attorneys, bankru	ed for bankruptcy, did or preparing a bankrup	tcy petition?			anyone you consult
Wit	thin 1 year before you file out seeking bankruptey o lude any attorneys, bankru No	ed for bankruptcy, did or preparing a bankrup	or credit counseling agencies for service Description and value of any pre	s required in your ba	ankruptcy. Date payment	anyone you consult Amount of
Wit	thin 1 year before you file out seeking bankruptey o lude any attorneys, bankru No	ed for bankruptcy, did or preparing a bankrup	otcy petition? or credit counseling agencies for service	s required in your ba	Date payment or transfer	
Wit	thin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details.	ed for bankruptcy, did or preparing a bankrup	or credit counseling agencies for service Description and value of any pre-	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	thin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm	ed for bankruptcy, did or preparing a bankrup	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer	Amount of
Wit	chin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid	ed for bankruptcy, did or preparing a bankrup	or credit counseling agencies for service Description and value of any pre-	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	thin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm	ed for bankruptcy, did or preparing a bankrup	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy ol lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street	ed for bankruptcy, did or preparing a bankrup	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, of the preparers of the preparers of	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, of the preparers of the preparers of	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy ol lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy of lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or preparers, o	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P Person Who Was Paid Number Street	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or sis 60173 Zip Code sayment, if Not You	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or sis 60173 Zip Code sayment, if Not You	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	Semrad Law Firm Person Who Was Paid No Schaumburg Illino City State Email or website address None Person Who Was Paid The Suite 400 Schaumburg Illino City State Email or website address None Person Who Was Paid Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or sis 60173 Zip Code ayment, if Not You	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	chin 1 year before you file but seeking bankruptcy olude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P Person Who Was Paid Number Street	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or sis 60173 Zip Code ayment, if Not You	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment
Wit	Semrad Law Firm Person Who Was Paid No Schaumburg Illino City State Email or website address None Person Who Was Paid The Suite 400 Schaumburg Illino City State Email or website address None Person Who Was Paid Number Street Suite 400 Schaumburg Illino City State Email or website address None Person Who Made the P	ed for bankruptcy, did or preparing a bankrup ptcy petition preparers, or sis 60173 Zip Code ayment, if Not You Zip Code	Description and value of any protransferred Attorney's Fee - \$500 total, \$363.	s required in your ba	Date payment or transfer was made	Amount of payment

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Debtor	1 Melissa	M	Schaaf	Case number (if known)	
	First Name	Middle Name	Last Name	-	
h	fithin 1 year before you file elp you deal with your crec o not include any payment o	ditors or to make payr	nents to your creditors?	behalf pay or transfer any property to a	anyone who promised to
•	No				
L	Yes. Fill in the details.				
			Description and value of any particles transferred	payment or transfer was made	Amount of payment
	Person Who Was Paid		-		
	Number Street		-		
	City State	Zip Code	-		
th In	e ordinary course of your l	business or financial as and transfers made as	affairs? security (such as the granting of a sec	sfer any property to anyone, other than curity interest or mortgage on your proper	
F	Yes. Fill in the details.				
_	-		Description and value of prop transferred	erty Describe any property or payments received or debts payments received or debts payments.	Date transfer was made
	Person Who Received Tra	ansfer	-		
	Number Street		_		
	City State Person's relationship to y	· ·	_		
	Person Who Received Tra	ansfer	-		
	Number Street		_		
	City State Person's relationship to y	· ·	-		
b	ithin 10 years before you feneficiary?		id you transfer any property to a se	elf-settled trust or similar device of wh	ich you are a
[<u>-</u>	No	,			
L	Yes. Fill in the details.		Description and value of the	property transferred	Date transfer was
					made
	Name of trust				

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Schaaf Debtor 1 Melissa Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Schaaf Debtor 1 Melissa Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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Debto		Melissa		М		chaaf	Case	e number <i>(ii</i>	known)		
		First Name		Middle Name	Lá	ast Name					
26.	Hav	e you been a part	y in any judic	ial or administ	trative proce	eding under	any environmen	tal law? In	clude settle	ments and o	rders.
		No Yes. Fill in the det	tails.								
'					Court or a	gency		Nature	of the case		Status of the case
		Case title									Pending
					Court Name)					On appeal
		Case number			NumberStre	et					Concluded
					City	State	Zip Code				
Part	11:	Give Details Al	oout Your B	usiness or C	onnection	s to Any Bu	siness				
27.	Witl	nin 4 years before	you filed for	bankruptcy, di	d you own a	business or	have any of the	following c	onnections t	to any busine	ess?
					-		r activity, either fo	ull-time or p	oart-time		
		A member of A partner in a			(LLC) or limit	ed liability pa	artnership (LLP)				
		An officer, di	rector, or ma	naging execut							
		An owner of	at least 5% o	f the voting or	equity secur	ities of a cor	poration				
	✓	No. None of the a				ou for each l	a unino no				
	Ш	Yes. Check all that	атарріу ароч	re and illi in the			ousiness. ure of the busine	SS	Employer	Identification	n number Do not
									include So		y number or ITIN.
		Business Name							EIN:		
		Number Street			Nam	o of account	ant or bookkeep	or	Dates bus	iness existed	i
		City	State	Zip Code		e or account	ant of bookkeep	GI	From	To	
					Desc	ribe the nat	ure of the busine	ss	Employer	Identification	n number Do not
									include So	ocial Security	y number or ITIN.
		Business Name							LIIV.		
		Number Street			— Nam	e of account	ant or bookkeep	er	Dates bus	iness existed	i
		City	State	Zip Code	_				From	To	
					Door	ribo the not	ure of the busine	00	Employer	Idontification	n number Do not
					Desc	ribe the hat	ure of the busine	SS			y number or ITIN.
		Business Name							EIN:		
		Number Street			No	o of occasion	ant as beakles	O.M.	Dates bus	iness existed	j
		City	State	Zip Code	Nam	e or account	ant or bookkeep	er	From	То	

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Debt	tor 1 Melissa		M	Schaaf	Case number (if known)
	First Name		Middle Name	Last Name	
28.	creditors, or o			ou give a financial stateme	ent to anyone about your business? Include all financial institutions,
				Date issued	
				Bato locada	
	Name			MM/DD/YYYY	
	Number	Street		_	
	City	State	Zip Code	<u> </u>	
Part	12: Sign Be				
t	rue and correc	t. I understand tha	at making a false st	atement, concealing prope	ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	×	' /s/ Melissa Sch	a o o f		×
		Signature of Debt			Signature of Debtor 2
		3			Date
		Date 6/20/2018			- 1112
	Did you attach	additional pages t	o Your Statement o	f Financial Affairs for Indivi	duals Filing for Bankruptcy (Official Form 107)?
_	No				
	Yes				
	Did you pay or	agree to pay some	one who is not an a	ttorney to help you fill out I	pankruptcy forms?
Ŀ	√ No				
	Yes. Name	of person			Attach the Bankruptcy Petition Preparer's Notice,

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Fill in this information to identify your case:					
Debtor 1	Melissa	М	Schaaf		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)		
Case number (If known)			(State)		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

	For any creditors that you listed in Part 1 of Schedule D: Creditors Winformation below.	Vho Have Claims Secured by Property (Official Form	n 106D), fill in the
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	No. Yes.
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	No. Yes.
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	No. Yes.
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	No. Yes.

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Debtor Melissa	M	Schaaf	Case number (if
First Name	Middle Name	Last Name	known)
art 2: List Your Unexpi	red Personal Property Lea	ises	
nformation below. Do not I		ed leases are leases that	y Contracts and Unexpired Leases (Official Form 106G), fill in the tare still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Describe your unexpire	ed personal property leases		Will the lease be assumed?
Lessor's name:			□ No □ Yes
Description of leased property:			L **
Lessor's name:			□ No □ Yes
Description of leased property:			
Lessor's name:			□ No □ Yes
Description of leased property:			
Lessor's name:			□ No □ Yes
Description of leased property:			
Lessor's name:			□ No □ Yes
Description of leased property:			
Lessor's name:			□ No □ Yes
Description of leased property:			
Lessor's name:			□ No □ Yes
Description of leased property:			_
art 3: Sign Below			
		d my intention about any	property of my estate that secures a debt and any personal
✗ /s/ Melissa Schaaf		×	
/s/ Melissa Schaaf Signature of Debtor 1			gnature of Debtor 2
Date 6/20/2018		Da	ate
MM/DD/YYYY			MM/DD/YYYY

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

		Northern Disti	inct of initiois	
In re	Melissa M Schaaf		Case No.	
_	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATIO	ON OF ATTORNEY FO	OR DEBTOR
С	compensation paid to me within one	e year before the filing of the	tify that I am the attorney for the abore petition in bankruptcy, or agreed to plation of or in connection w ith the b	be paid to me, for services
F	For legal services, I have agreed to a	ccept		\$1,273.53
F	Prior to the filing of this statement I	have received		\$136.53
E	Balance Due			\$1,137.00
2. T	The source of the compensation pai	d to me was:		
	✓ Debtor	Other (specify	y)	
3. T	The source of the compensation pai	d to me is:		
	✓ Debtor	Other (specify	y)	
4.	I have not agreed to share the ab members and associates of my l	oove-disclosed compensati law firm.	ion with any other person unless they	/ are
[w firm. A copy of the agreer	with a other person or persons who a ment, together with a list of the name	
5. lı	n return for the above-disclosed fee	e, I have agreed to render lec	gal service for all aspects of the bankr	ruptcy case, including:
	 a. Analysis of the debtor's finar bankruptcy; 	ncial situation, and renderin	ng advice to the debtor in determining	y whether to file a petition in
	b. Preparation and filing of any	petition, schedules, statem	nents of affairs and plan which may be	e required;
	c. Representation of the debtor	at the meeting of creditors	and confirmation hearing, and any a	djourned hearings thereof;
6. E	By agreement with the debtor(s), the	above-disclosed fee does r	not include the following services:	
		CERTIFIC	CATION	
	ertify that the foregoing is a comple r(s) in this bankruptcy proceedings.	te statement of any agreem	nent or arrangement for payment to m	e for representation of the
	6/20/2018		/s/ Yisroel Y Moskovits	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245		filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Schaaf, Melissa M	Case No			
	Debtor(s)		5856 INC		
		Chapter	Chapter7		
	VERIFICAT	ION OF CREDITOR MAT	TRIX		
Th knowledge	ne above named Debtors hereby verify that e.	t the attached list of creditors is tr	rue and correct to the best of their		
Date:	6/20/2018	/s/ Schaaf, Melis Schaaf, Melissa Signature of Del	M		

CHASE CARD BANK ONE CARD SERV 2500 WESTFIELD DRI ELGIN, IL, 60124

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD # 700 Chicago, IL, 60606

NCC BUSINESS SVCS INC 9428 BAYMEADOWS RD STE 2 JACKSONVILLE, FL, 32256

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

JEFFERSON CAPITAL SYST 16 MCLELAND RD SAINT CLOUD, MN, 56303

NORDSTROM/TD BANK USA PO BOX 6555 ENGLEWOOD, CO, 80155

COMENITYCB/ULTA PO BOX 182120 COLUMBUS, OH, 43218

CAP1/NEIMN 131 E Grand Ave Chicago, IL, 60611

MBB 1550 N NORTWEST HWY STE 403 PARK RIDGE, IL, 60068

SYNCB/CARECR C/O PO BOX 965036 ORLANDO, FL, 32896

CBNA Po Box 6497 Sioux Falls, SD, 57117 SYNCB/OLD NAVY Po Box 530942 Atlanta, GA, 30353

SYNCB/AMEAGL PO BOX 965005 Orlando, FL, 32896

TARGET NB PO BOX 673 MINNEAPOLIS, MN, 55440

SYNCB/AMEG D PO Box 530942 Atlanta, GA, 30353

SYNCB/GAP PO BOX 965005 ORLANDO, FL, 32896

KOHLS/CAPONE PO BOX 3115 MILWAUKEE, WI, 53201

SYNCB/JCP PO BOX 965007 Orlando, FL, 32896

EXXMBLCITI PO BOX 6497 SIOUX FALLS, SD, 57117

SYNCB/TJXDC PO Box 960061 Orlando, FL, 32896

TD BANK USA/TARGETCRED PO Box 660170 Dallas, TX, 75266

DSNB MACYS PO Box 8053 Mason, OH, 45040 CITI P.O. BOX 9001037 Louisville, KY, 40290

BK OF AMER 4909 SAVARESE CIRCLE FL1-908-01-47 TAMPA, FL, 33634

COMENITY BANK/MAURICES Po Box 182273 Columbus, OH, 43218

CB/CARSONS PO Box 659813 San Antonio, TX, 78265

CAP1/CARSN PO BOX 30253 SALT LAKE CITY, UT, 84130

SYNCB/CARE CREDIT C/O P.O. BOX 965036 ORLANDO, FL, 32896

SYNCB/STNMRT PO Box 105972 Atlanta, GA, 30348

VON MAUR 6565 BRADY DAVENPORT, IA, 52806

State of Illinois Department of Human Services 325 W. Adams Springfield, IL, 62704

Cigna PO BOX 30028 Tampa, FL, 33630

Adventist Hinsdale Hospital 120 N Oak St Hinsdale, IL, 60521 Neiman Marcus 1618 Main Street Dallas, TX, 75201

Credit Collection Services PO Box 773 Needham Heights, MA, 02494

Elmhurst Hospital 100 E Brushill Road Elmhurst, IL, 60126

United Collection Bureau, Inc. PO Box 165009 Columbus, OH, 43216

Adventist Health Partners, Inc. PO Box 14000 Belfast, ME, 04915

AHMG Ortho Bolingbrook 396 Remington Road Suite 130 Bolingbrook, IL, 60440

Dupage Medical Group 15921 Collection Center Drive Chicago, IL, 60693

Healthy Driven PO BOX 140250 Toledo, OH, 43614

Edward Elmhurst Health 801 S. Washington Naperville, IL, 60540

Midwest Psychiatry Association PO BOX 5016 Hinsdale, IL, 60522

Elite Medical Billing Service PO BOX 5085 Woodridge, IL, 60517

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Amita Health - Adventist Medical Center 417 Bridge St Danville, VA, 24541

Comenitty Bank/Victoria's Secret 220 W SCHROCK RD WESTERVILLE, OH, 43081

Distinctive Dental Care 625 N Addison Road Villa Park, IL, 60181

Transword Systems Inc. PO Box 15520 Wilmington, DE, 19850

Merchants Credit Guide 223 W Jackson Ave # 700 Chicago, IL, 60606

Comenity-Express PO Box 659728 San Antonio, TX, 78265

Nordstrom Card Services P.O. Box 6555 Englewood, CO, 80155

Admin Recovery LLC 45 Earhart Drive Suite 102 Buffalo, NY, 14221

Suburban Radiologists, SC 1446 Momentum Place Chicago, IL, 60689

North Shore Medical, Ltd. 767 Park Ave W Suite 110 Highland Park, IL, 60035

Dupage Pathology Associates SC 520 E 22nd Street Lombard, IL, 60148

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Chase Bank USA, N.A. 340 S Cleveland Ave Bldg 370 Mail Code OH1-1272 Westerville, OH, 43081

Midwest Physical Therapy CTR 1000 E State Parkway Schaumburg, IL, 60173

Elmhurst Emergency Medical Services LTD 1165 Paysphere Circ Chicago, IL, 60674

Malcom S. Gerald and Associates, Inc. 332 S Michigan Ave Ste 600 Chicago, IL, 60604

Comprehensive Clinical Services 2340 S Highland Ave Suite 300 Lombard, IL, 60148

Kevin J Salvino DPM 23 W. Chicago Avenue Hinsdale, IL, 60521

Dependon Collection Service, Inc. PO Box 4833 Oak Brook, IL, 60523

MCM PO BOX 603 Dept. 12421 Oaks, PA, 19456

Advocate Health Care 4001 Vollmer Rd Olympia Flds, IL, 60461

H&R Accounts, Inc. 7017 John Deere Parkway PO Box 672 Moline, IL, 61265

Atlantic Credit and Finance PO Box 2083 Warren, MI, 48090

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State Collection Service Inc. PO Box 1280 Oaks, PA, 19456

Advocate Good Samaritan Hospital Po Box 4257 Carol Stream, IL, 60197

Chase Receivables P.O. Box 659 West Caldwell , NJ, 07007

Hinsdale Foot and Ankle Specialist 23 W Chicago Avenue Hinsdale, IL, 60521

Elmhurst Anesthesiologist PO BOX 87916 Carol Stream, IL, 60188

Verizon Wireless - Bankruptcy 500 Technology Dr Saint Charles, MO, 63304

KEANE PO BOX 1348 Southeastern, PA, 19399

Nationwide Credit PO Box 14581 Des Moines, IA, 50306

Hinsdale Anesthesia Associates LTD Dept 77 9131 Chicago, IL, 60678

Fenton & McGarvey Law Firm 2401 Stanley Gault Parkway Louisville, KY, 40223

DuPage Convalescent Center 400 N County Farm Road Wheaton, IL, 60187 Elmhurst Memorial Healthcare 172 Schiller Elmhurst, IL, 60126

Blue Cross Blue Shield PO Box 105370 Atlanta, GA, 30348

Arbors of Glen Ellyn 325 Ramblewood Dr Glen Ellyn, IL, 60137

Midwestern University Dental Institute 3450 Lacey Rd Downers Grove, IL, 60515

The Bon-Ton Stores Inc C/O PTJ Partners 200 West Madison Street Chicago, IL, 60606

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC \$1273.53 in attorney fees plus costs in the amount of \$363.47 to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding. \$300.00/hr.
Adding additional bills \$31.00

Motion to Reopen and Avoid Lien \$1000.00

Motion to Reopen \$350.00 + court costs

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this **advance payment retainer** shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not

Rev 1/2017

Melissa M Schaaf

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represent clients under such a security retainer because the preparation of a bankruptcy case real iros many disparate tasks and functions for the attorney and support staff; some of which real iros legal expertise while others may be only ministerial in nature. I further understand that the preparation of the seminal that I am receiving under this fee arrangement is the commitment of the Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any experiordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my benefit ptcy case. In addition, I must attend all scheduled Court hearings and meetings.

Lunderstand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is files. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.*

Lals: understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this cantact including but not limited to court costs and attorney fees.

False understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or my" are binding upon each signatory individually. I also understand that the laws of the State of Chrois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

Onles 6/20/2018	, Melissa M Schaaf
	Yisroel Y. Moskovits
	*DISCLAIMER

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filling from the category of the United States Bankruptcy Court. Please be advised that it will be several days before these cares flors receive the notice. Therefore, if you are concerned about a particular creditor taking intermediate action against you, contact this creditor directly and provide the creditor with a copy of your Mother of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle rescalessed, real estate foreclosed, or wages garnished.

Initial: _____

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Debtor 1 Me iss		М	Schaaf	Case number (if know	wn)
Firm: No. 10		Middle Name estions for Reporting Pu	Last Name		
Part 6: An awar 11		16a. Are your debts pr "incurred by an inc No. Go to line ✓ Yes. Go to line 16b. Are your debts pr money for a busine No. Go to line ✓ Yes. Go to line ✓ Yes. Go to line	imarily consumer dedividual primarily for a 16b. 17. imarily business deb ess or investment or t 16c.	a personal, family, or nouse hts? <i>Business debts</i> are del	bts that you incurred to obtain ne business or investment.
17. Are your ill regular Chapter 7 Do your as introduction after any color or property is also and admiring the expenses are of funds will be also for districted the unsecured care.	e that pt aded live aid that ailable	Fill Voc. Law fling under	der Chapter 7. Go to lind Chapter 7. Do you estin aid that funds will be ava		
18. How many date do you less that you owns?	: Itors	1-49 50-99 100-199 200-999	5,00	00-5,000 01-10,000 001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much day estimately use to be worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 millior	\$10 \$50	000,001-\$10 million 0,000,001-\$50 million 0,000,001-\$100 million 00,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much day estimate your liabilities to be		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10 \$50	000,001-\$10 million 0,000,001-\$50 million 0,000,001-\$100 million 00,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Head	 	I be a second this part	tition, and I declare ur	oder penalty of periury that	the information provided is true and
For you		correct. If I have chosen to file upon title 11, United States under Chapter 7. If no attorney represents out this document, I have I request relief in accord I understand making a faconnection with a banks both. 18 U.S.C. §§ 152,	nder Chapter 7, I am a s Code. I understand t s me and I did not pay re obtained and read t lance with the chapter alse statement, conce ruptcy case can result	aware that I may proceed, in the relief available under early or agree to pay someone the notice required by 11 Lay of title 11, United States of the property, or obtaining the in fines up to \$250,000, co	f eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed who is not an attorney to help me fill J.S.C. § 342(b). Code, specified in this petition. g money or property by fraud in or imprisonment for up to 20 years, or
		Signature of Debtor 1 Executed on 6/2	20/2018 MM / DD / YYYY	Signature o Executed	

 \mathscr{M}

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			•	
Fill in this infor	nation to identify your ca	ase:		
Debtor 1	Melissa	M	Schaaf	
Deptor 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	Northern	District of Illinois (State)	
Cașe number (If known)				
<u> </u>				Check if this is at amended filing
Official	Form 106De	C		•
			tor's Schedule	2S
			onsible for supplying corr	
Part 1: Sign	1341, 1519, and 3571. Below			
Did you p	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?
€ No				
	Name of person		Attach Bankruptc Signature (Official	y Petition Preparer's Notice, Declaration, and I Form 119).
			and schoolules file	ad with this declaration and
Under per	nalty of perjury, I declar are true and correct./	e that I have read the su	mmary and schedules life	ed with this declaration and
			×	
Signature of	sa Schaaf of Debtor 1			ure of Debtor 2
Date 6/20	//2018 //DD/YYYY		Date	MM/DD/YYY

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B 64 4	Mollopp	М	Schaaf	Case number (if known)			
Debtor 1	First Name	Middle Name	Last Name				
28. Wit	. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.						
	No Yes. Fill in the details	below.	Date issued				
	Name		MM/DD/YYYY	_			
	Number Street		_				
	City S	state Zip Code					
l hav true a bai	and correct. I understankruptcy case can res	this Statement of Financiand that making a false stault in fines up to \$250,000,	al Affairs and any attach atement, concealing prop or imprisonment for up t	ments, and I declare under penalty of perjury that the answers are serty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.			
	Signature of			Signature of Debtor 2			
	_	- //		Date			
Did y	Date 6/20/2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?						
뜨	No Yes						
Did	you pay or agree to pay	y someone who is not an a	ttorney to help you fill ou	t bankruptcy forms?			
	No Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).			

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ebtor	Melissa	М	Schaaf	Case number (if	—
	First Name	Middle Name	Last Name	known)	
rt 2:	List Your Unexpire	ed Personal Property Lease	es		
	(1111711111111111111111111111111111111		Cabadula Ci Evacutori Con	tracts and Unexpired Leases (Official Form 106G), fill in the till in effect: the lease period has not yet ended. You may	
		t real estate leases. Unexpired al property lease if the trustee			
Des	scribe your unexpired	personal property leases		Will the lease be assumed?	
	77, Awar 200 - 1944			No	
Les	sor's name:			Yes	
Des	cription of leased				
	perty:				
-				□ No	
Les	sor's name:			Yes	
Des	scription of leased				
	perty:		0		(1000 S.M)
	The control of the co			□ No	
Les	sor's name:			Yes	
Des	scription of leased				
	perty:				www.ww.
				No	
Les	sor's name:			Yes	
Des	scription of leased				
	perty:				5000 000 0000
				□ No	
Les	sor's name:			Yes	
Des	scription of leased				
	perty:				
				☐ No	
Les	sor's name:			Yes	
Des	scription of leased				
	perty:				
		48.7.7.8.7.994.400000000000000000000000000000000	MODELLA AND CONTRACTOR OF THE PROPERTY OF THE	☐ No	
Les	ssor's name:			Yes	
Des	scription of leased				
	perty:				ummarana)
	lo: p-1				
	Sign Below			that socures a debt and any personal	
Unde	er penalty of perjury, I erty that is subject to	l declare that I kave indicated in an unexpired/lease.	my intention about any prop	erty of my estate that secures a debt and any personal	
prop	erty that is subject to	11/			
x	/s/Melissa Schaaf		. ×		
S	ignature of Debtor 1		Signatur	e of Debtor 2	
D	ate 6/20/2018	₹/	Date	IM/DD/YYYY	
	MM/DD/YYYY		N	MINDUTTT	
				./	
				, //!	
				$\mathcal{A}M$	

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Schaaf, Melissa M Debtor(s)	Case No	Case No		
		Chapter.	Chapter7		
	VERIFIC	ATION OF CREDITOR MAT	RIX		
T nowledg	The above named Debtors hereby verify e.	that the attached list of creditors is tn	ue and correct to the best of their		
		/s/ Schaaf, Melis	sa M		
)ate:	6/20/2018	Schaaf, Melissa I Signature of Deb	v		
		-0			
			/		

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ebtor 1 Melissa	М	Schaaf	Case number (i	fknown)	
First Name	Middle Name	Last Name	THE STATE OF THE S		
			Column A	Column B Debtor 2 or	
			Debtor 1	non-filing spouse	
			\$0.00	politica de la companya de la compa	
Unemployment compensation	ation you contend that the amoun	received was a benefit	<u> </u>		
Do not enter the amount if	ct. Instead, list it here:				
_		\$0.00			
For your spouse		\$0.00			
and a second of the second second second	* ***				
benefit under the Social Sec	come. Do not include any am curity Act.		\$ <u>0.00</u>		
10.Income from all other so amount. Do not include an	ources not listed above. Spe y benefits received under the tim of a war crime, a crime ag errorism. If necessary, list othe	ainst humanity, or			
			\$197.00		
Other Government Assistar	nce		+\$83.33	+	
Total amounts from separa	te pages, if any.		+ 400.00		
				+	= 44,000,00
	rrent monthly income. Add	lines 2 through 10 for	\$ <u>1,992.69</u>	T	\$1,992.69
each column. Then add the to	otal for Column A to the total t	or Column B.			
Colombia The Colombia					Total current monthly income
					monthly income
Datarmina What	her the Means Test App	lies to You			
and 24 Determine wheth	ici die modile teet p	Eallow those stens:			
2. Calculate your current n	nonthly income for the year	. Follow these stope.	С	opy line 11 here →	\$1,992.69
12a. Copy your total currer	nt monthly income from line 1	**************************************	and the second of the second o		X 12
Multiply by 12 (the nu	umber of months in a year).			40b F	
12b The result is your ann	ual income for this part of the	e form.		12b.	<u>\$23,912.28</u>
728. The recent to your				_	
	mily income that applies to	vou Follow these steps:			
3 Calculate the median far	mily income that applies to				
Fill in the state in which yo	u live.	Illinois			
Fill III the state in which yo					
Fill in the number of people	e in your household.	**************************************	į.	-	
Fill in the median family inc	come for your state and size o	of www.ssssssssssssssssssssssssssssssssss	nensiste en en antique en		\$52,410.00
household. To find a list of applicable r	median income amounts, go	online using the link specif	fied in the separate		
instructions for this form. I	This list may also be available	at the bankrupicy clerk's o	moc.		
4. How do the lines compa	re?				
14a. Line 12b is less t Go to Part 3.	han or equal to line 13. On th	e top of page 1, check bo	x 1, There is no presumptio	n of abuse.	
	than line 13. On the top of p	age 1 check hox 2 The r	resumption of abuse is det	ermined by Form 122A-2.	
14b. Line 12b is more Go to Part 3 and	fill out Form 122A-2.	age 1, check box 2,o p			
Olem Dalassa					
art 3: Sign Below					
By signing here. I declare	under penalty of perjury that	the information on this sta	tement and in any attachme	ents is true and correct.	
by digitally were, was an					
	4	6			
44		y	٤		
/s/-Melissa Schaaf	<i></i>		Signature of Debtor 2		-
Signature of Debtor 1	~ / / /		0.3.12.2.2.		
	1/		Date 6/20/2018		
Date 6/20/2018	1/		MM/DD/YYYY		
MM/DD/YYYY	V				
If you checked line 14a	, do NOT fill out or file Form	122A-2.			
If you checked line 14b	, fill out Form 122A-2 and file	e it with this form.			